

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Family Planning Clinics
TAKE CHARGE Providers
Managed Care Plans

Memorandum No: 05-112 MAA
Issued: December 21, 2005

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
1-800-562-3022

Subject: Family Planning Provider: Fee Schedule and Program Changes

Effective for dates of service on and after January 1, 2006, the Health and Recovery Services Administration (HRSA) will:

- Implement updated maximum allowable fees for certain contraceptives; and
- Direct providers to updates on injectable drugs.

Updated Maximum Allowable Fees

HRSA is updating the Family Planning Services, Family Planning Only and TAKE CHARGE program procedure codes as indicated in the following table:

Procedure Code	Brief Description	January 1, 2006 Maximum Allowable Fee	
		NFS	FS
A4266	Diaphragm	\$30.87	N/A
J7300	Intrauterine copper device (Paragard)	380.00	N/A
J7302	Levonorgestrel-releasing IUD (Mirena)	415.00	N/A
J7303	NuvaRing contraceptive ring, each	28.00	N/A

Injectable Drug Updates

HRSA has updated the Injectable Drug Fee Schedule for January 1, 2006. See the HRSA-Approved Family Planning Provider billing instructions for injectable drugs that are covered. Providers may access this at <http://maa.dshs.wa.gov>. Click on Provider Publications/Fee Schedules, and then click on Fee Schedules.

NFS = Non-facility setting (e.g., provider's office); FS = Facility setting (e.g., hospital)

Billing Instructions Replacement Pages

When HRSA published the Family Planning Provider Billing Instructions on December 15, 2005, procedure code 86592 Blood serology, qualitative was listed as covered, this memorandum corrects this code as not covered. Pages G.7 and G.8 are included in the replacement pages for pagination and printing.

Attached are replacement pages D.5 – D.6, G.7 – G.8 to HRSA's *Family Planning Provider Billing Instructions*.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** www.prt.wa.gov (Orders filled daily.)
 - a) Click ***General Store***.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either ***I'm New*** or ***Been Here***.
 - ii. If new, fill out the registration and click ***Register***.
 - iii. If returning, type your email and password and then click ***Login***.
 - c) At the ***Store Lobby*** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Health and Recovery Services Administration***.
 - d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memoranda, Publications, or Document Correction***. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/ telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)

HRSA-Approved Family Planning Providers

* HRSA reimburses for external occlusive devices **only** such as band, clip, or Fallop ring. HRSA does not reimburse for occlusive devices introduced into the Lumen of the fallopian tubes.

Note: Sterilization procedures and any initial visits must be billed with ICD-9-CM diagnosis code V25.2.

Radiology Services

Procedure Code/ Modifier	Brief Description	1/1/06 Maximum Allowable Fee NFS
76075 *	Dual energy x-ray absorptiometry (DXA)	See fee schedule in Physician-Related Services Billing Instructions
76076 *	Radius, wrist-heel	See fee schedule in Physician-Related Services Billing Instructions
76830	Us exam, transvaginal	\$58.59
76830-26	Professional Component	21.57
76830-TC	Technical Component	37.02
76856	Us exam, pelvic, complete	58.59
76856-26	Professional Component	21.57
76856-TC	Technical Component	37.02
76857	Us exam, pelvic, limited	52.46
76857-26	Professional Component	11.81
76857-TC	Technical Component	40.65
76977 *	Ultrasound bone density measurement and interpretation, peripheral site(s)	See fee schedule in Physician-Related Services Billing Instructions

* Only covered for patients according to standards of care for clients using or considering Depo-Provera.

Note: Radiology Services to be performed by and paid to Radiologists **only**.

Laboratory Services

You may bill for laboratory services which you actually perform unless the client is a self referred managed care client. Only in this instance, may you do pass through billing. You may only bill what the laboratory billed you or HRSA's maximum allowable – whichever is less.

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HRSA-Approved Family Planning Providers

Procedure Code/ Modifier	Brief Description	1/1/06	
		Maximum Allowable Fee NFS	FS
G0101	CA screen; pelvic/breast exam	\$22.71	\$14.53
36415	Drawing blood venous	2.46	2.46
36416	Drawing blood capillary	2.46	2.46
80061	Lipid profile	15.35	15.35
80076	Hepatic function panel	7.32	7.32
81000	Urinalysis, nonauto w/scope	3.63	3.63
81001	Urinalysis, auto w/scope	3.63	3.63
81002	Urinalysis nonauto w/o scope	2.93	2.93
81003	Urinalysis, auto, w/o scope	2.57	2.57
81025	Urine pregnancy test	4.30	4.30
82120	Amines, vaginal fluid, qualitative	1.92	1.92
82465	Assay, bld/serum cholesterol	4.99	4.99
83718	Lipoprotein, direct measurement; high density cholesterol (HDL)	9.38	9.38
84132	Potassium; serum	5.26	5.26
84146	Prolactin	22.21	22.21
84443	Thyroid stimulating hormone (TSH)	19.18	19.18
84703	Chorionic gonadotropin assay	8.36	8.36
85013	Hematocrit	2.71	2.71
85014	Hematocrit	2.71	2.71
85018	Hemoglobin	2.71	2.71
85025	Automated hemogram	8.91	8.91
85027	Automated hemogram	7.41	7.41
86255	Fluorescent antibody, screen	13.81	13.81
86255-26	Professional Component	12.04	12.04
86592	Blood serology, qualitative	4.89	4.89
86631	Chlamydia antibody	13.55	13.55
86632	Chlamydia igm antibody	14.55	14.55
86692	Hepatitis, delta agent	19.66	19.66
86706	Hep b surface antibody	12.31	12.31
87110	Chlamydia culture	22.44	22.44
87140	Cultur type immunofluoresc	6.39	6.39
87147	Culture type, immunologic	5.93	5.93
87210	Smear, wet mount, saline/ink	4.89	4.89
87270	Infectious agent antigen detection by immunofluorescent technique; chlamydia trachomatis	13.74	13.74
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative; chlamydia trachomatis	13.74	13.74
87340	Hepatitis b surface ag, eia	11.83	11.83

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Fee Schedule

Denotes Change

HCFA 1500 Sample Scenario

Jane Doe was seen at ABC Family Planning Clinic (HRSA Family Planning Provider #7777777) on 6/12/05.

She received a Physical Exam (99203) which included a Pap Test (88150). An STD was suspected, so a Wet Mount (87210) was done.

Birth control options were discussed, a Pregnancy Test (84703) was done, and the client received a 6-month supply of Oral Contraceptives - Birth Control Pills (S4993).

The Pap Test was sent out to an independent lab (CLIA #06E3333333). They billed the clinic their usual and customary charge of \$10.00. The Wet Mount and Pregnancy Test were read onsite at the clinic.

The following is a sample claim for the services this client received, including billing for the test done at the independent lab.

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